

MEDICAL BOARD OF CALIFORNIA

Licensing Program



EXPLANATION TO APPLICATION QUESTION #____

This form may be used to provide a detailed written explanation for a "yes" response to a question on the Application. Please use as many forms as necessary to provide a detailed explanation. A separate form is to be used for each question.

ype or Print Legibly APPLICANT INFORMATION		
NAME: Last	First	Middle
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation
NARRATIVE EXPLANATION		
SIGNATURE:		DATE:
Applicant's signature and date are required.		